

Integrating Behavioral Health into the IEP Process

A PowerPoint presentation for Educators, Family Members, Youth and Stakeholders

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Desired Outcomes

◦ At the end of this training, you should know:

- ✓ The prevalence of mental health issues with children and youth
- ✓ Consequences of untreated mental health issues
- ✓ The flow of behavioral health services

Desired Outcomes

◦ At the end of this training, you should know:

- ✓ Similarities between a CFT and an IEP
- ✓ The benefits of collaboration between behavioral health and education
- ✓ How to deal with Potential Barriers to Collaborative efforts

Desired Outcomes

◦ At the end of this training, you should know:

- ✓ How families, school staff and behavioral health workers can help make collaboration happen
- ✓ Resources to support successful transition to adulthood

Facts on Children and Youth's Mental Health in America

- Up to 14% of high school students with mental health problems receive grades consisting of mostly Ds & Fs compared to 7% of children with other disabilities. (U.S. Dept. of Education report to Congress 2001)

Facts on Children and Youth's Mental Health in America

- Mental health problems affect one in every five young people at any given time.
- Serious emotional disturbances (SED) affect 1 in 10 young people.
- Two-thirds of all young people with mental health problems are not getting the help they need.

Mental Health Facts (continued)



- 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness. (National Institute of Mental Health Study 2002)
- Suicide is the third leading cause of death for 15 - 24 year olds (approx 5,000 young people) and the sixth leading cause of death for five - 15 year olds. (American Academy of Child and Adolescent Psychiatry)

Mental Health Facts (continued)



- Approximately 50% of students age 14 and older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group. (U.S. Dept. of Education report to Congress 2001)

How Do Those Facts Impact Educators?

These are all
"OUR"
kids!!



How Can Behavioral Health and the School System Work Together to Help Mitigate These Issues?



Arizona Education System

- Student Enrolls in School of Choice
 - Public (Traditional District) School-oversight through AZ Dept. of Education (ADE)
 - Charter School-oversight through AZ Charter School Board and ADE
 - Private School-no oversight through ADE
 - Home School-oversight through County Superintendent Office
- Eligible Students receive Special Education Services

Arizona Behavioral Health System

- Child Enters the behavioral health system by enrolling in a Tribal or Regional Behavioral Health Authority
- Interim service plan developed and initial assessment begun
- Any crises are stabilized
- Initial Strengths, Needs & Cultural Discovery (SNCD)
- Child Family Team (CFT) Developed by identifying team members and supports
- Assessment completed and Behavioral Health Service Plan developed.
- Behavioral health services initiated

Ongoing Services for Enrolled Children/Youth

- ◉ Needs assessment
 - ◉ Service Plan
 - ◉ SNCD
 - ◉ Crisis Plan
- ◉ Identification of Natural Supports
- ◉ Child Family Team meetings

Definition of a CFT

- ◉ A Child and Family Team is a group of people that includes at a minimum: the child, his/her family or guardian, and a behavioral health CFT facilitator. It should also include any others the child and family would like to participate.



Other Possible Team Members

- ◉ Teachers/School Staff
- ◉ CFT Coaches
- ◉ CPS
- ◉ Clergy
- ◉ Probation
- ◉ Extended family or friends

A CFT is...

- ◉ A process
- ◉ A collaboration
- ◉ A service planning mechanism
- ◉ Needs driven
- ◉ Supportive of the family's voice

A CFT is not...

- ◉ An IEP meeting
 - > (although it can be)
- ◉ Just for students in special education
 - > (but many are)
- ◉ Family Therapy

Definition of an IEP

- ◉ The IEP (Individualized Education Plan) is an individualized written statement for a child with a disability that describes the child's current abilities, the educational goals to be achieved, and what special education and related services will be provided so that the child can achieve those goals. Parents, school staff and other selected people with knowledge or special expertise about the child work together to develop the IEP.

IEP Vs. CFT Meetings



Discussion of Current Performance

IEP

PLAAFP

Present Levels of
Academic
Achievement and
Functional
Performance

CFT

SNCD

Strengths, Needs and
Cultural Discovery

Planning

IEP

- Individualized planning process
- Measurable Annual Goals
- Services

CFT

- Individualized planning process
- Treatment Plan with measurable outcomes
- Services

Addressing Behavioral Concerns

IEP

- Functional Behavioral Assessment and Behavioral Intervention Plan (FBA & BIP)
- School counseling

CFT

- Functional Behavioral Assessment and Behavioral Intervention Plan (FBA & BIP)
- Family/individual therapy

For Older Students

IEP

- **Transition Planning**
 - college prep
 - career/vocational testing
 - life skills teaching
 - coordination with community resources

CFT

- **Transition Planning**
 - behavioral health needs
 - Educational/work plans
 - independent living skills
 - connection to family and community resources

Confidentiality

- Confidentiality is an expectation of all members in attendance for both an IEP meeting and a CFT meeting
- Parents are the ultimate decision maker as to who attends both an IEP or a CFT
- If the parents/guardians have allowed someone to attend either meeting, that participant is then privileged to anything discussed during the meetings

Advantages of Collaboration Between the IEP and CFT Processes

- ◉ Ongoing communication between all those involved with the child i.e. behavioral health staff, teacher, CPS case manager, Juvenile Probation Officer, Day care provider, mentor, etc.
- ◉ Increased academic performance
- ◉ Increased attendance
- ◉ Decrease in behavioral concerns & discipline referrals

Advantages of Collaboration Between the IEP and CFT Processes (Continued)

- ◉ Minimize meetings for families
- ◉ Solving problems through collaboration
- ◉ Cohesive goals
- ◉ Consistent responses to behaviors

Additional Benefits of a Collaborative Process

- ◉ Provides a holistic approach to difficult situations
- ◉ Can provide valuable information on a child's strengths, needs, learning style, medication effect/side effects and overall problem solving skills.
- ◉ Schools may have specific behavioral or educational goals important in behavioral health plan or vice versa.
- ◉ New perspectives and approaches
- ◉ Support from outside of school and added resources
- ◉ Stronger relationships with parents

Expectations of School Personnel

- ◉ Provide insights into the student's learning style and school performance
- ◉ Assist in developing the treatment plan
- ◉ Support and cooperate in implementation of treatment plan
- ◉ Honest and timely communication
- ◉ Facility in which to meet when appropriate

Expectations of Behavioral Health Staff

- Provide insights into current treatment goals
- Assist in developing the IEP
- Support and cooperate in the implementation of IEP
- Honest and timely communication
- Facility in which to meet when needed

How Can I Help Make This Collaboration Happen?

School Staff can:

1. Ask child's caregiver if they are enrolled with the T/RBHA
2. If yes, ask caregiver if they can contact the behavioral health agency/staff (caregiver will have to sign a release)
3. If no, suggest caregiver enroll child if possible
4. Call the behavioral health worker and start collaborating

How Can I Help Make This Collaboration Happen?

Caregivers can:

1. Speak with both school staff and behavioral health staff and tell them you would like them to work together.
2. Sign release of information forms to allow this.
3. Make sure behavioral health staff are invited to the IEP and school staff are invited to the CFT

How Can I Help Make This Collaboration Happen?

Behavioral Health Staff can:

1. Ask caregiver if they can contact the child's school (caregiver will have to sign a release)
2. Call the school and start collaborating

Potential Barriers and How to Address Them

School and/or behavioral health seem uninterested in working together

Solution: *Caregiver should explain to the uninterested party that collaboration is in the child's best interest and insist that it happen*

Potential Barriers and How to Address Them

Caregiver prefers keeping education and behavioral health separate

Solution: *School and Behavioral Health Staff help family understand the benefits of a collaborative process*

What is the Ultimate Goal?

To integrate mental health services with educational services resulting in improved academic and behavioral outcomes.

Behavioral Health and Special Education Resources

www.azdhs.gov

www.milkid.org

www.familyinvolvementcenter.org

www.raisingpecialkids.org

www.wrightslaw.com

www.azdisabilitylaw.com

www.nichey.org

https://www.azdes.gov/developmental_disabilities/

www.ade.az.gov/

